



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

March 11, 2004

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Burnsy's Inc., d.b.a. Catering on the Boulevard, 2602 Park Boulevard requesting a Class I liquor license.

This location was previously known as The Boulevard which held a Class I liquor license.

Michael Burns, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Michael Burns was born in Omaha, Nebraska. He attended the Culinary Institute of America, New York graduating in 1986.

Michael Burns employment history is as follows:

2001 – 2003	Manager, Wasabi	Lincoln, NE.
1994 – 2000	Owner, Burnsy's	Omaha, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) CATERING ON THE BLVD

☒ Manager ☒ Owner Other _____

Name: MICHAEL BURNS

US Citizen? ☒ Yes No

Has applicant ever been cited for liquor law violations? ☒ No Yes
Explain _____

Does applicant have an interest in another liquor license? ☒ No Yes
Explain _____

Is spouse qualified to hold a license? Yes No ☒ N/A

How is applicant if not an owner to be paid? Salary Hourly N/A

How many hours will applicant bc at the establishment? 50+

Any other employment? ☒ No Yes, explain _____

Any previous experience with a liquor license? ☒ Yes No

Any criminal convictions? ☒ No Yes
Comments _____

Is applicant a property owner in Lincoln? Yes ☒ No

Is applicant involved in any civil litigation? ☒ No Yes
Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 3 / 11 / 04

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: CATERING ON THE BLVD

Address: 2602 PARK BLVD Phone: 742-4865

Type of Investigation : Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: CATERING

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: 35000.00 Source: Mom

Lease Agreement: \$3750 mo - 5 YEAR

Sales: %Food: 80 %Liquor: 20

Located: Commercial Industrial Residential

Traffic Flow: MODERATE Off Street Parking: Yes No

Ready for Operation: Yes No Est Date: MAY 1

Food Service: Yes No Employees: F/T 1 P/T CONTRACT

Est Seating: 300 Est Daily Customers _____

Hours of Operation: VARIES

Any Additional Comments: /

STATE OF NEBRASKA



Mike Johanns

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

FILED
CITY CLERK'S OFFICE

'04 MAR 4 PM 4 00

CITY OF LINCOLN
NEBRASKA
March 3, 2004

NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe
Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

44-025251

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Burns's Inc
dba Catering on the Blvd.
2602 Park Blvd.
Class I 68502

RE: License for L#62678

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Enclosures Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission

PO Box 95046, 301 Centennial Mall South

Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>

Phone: (402) 471-2571

Fax: (402) 471-2814

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NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in Triplicate

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class)	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Indicate Inside or Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, on Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$ 50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION

CORPORATE SURETY BOND INFORMATION

Type of application being applied for
(place appropriate number in box)

3

- 1= Individual License requires
Form 1 to be attached.
2= Partnership License requires
Form 2 to be attached.
3= Corporate License requires
Form 3 and 4 and Manager
Application be attached.

Bond Company - for Classes L V W X Y only

Start Date Month/Day/Year

Bond Number

SECTION A - LOCATION INFORMATION - Must be completed by all applicants

Trade Name (name of business)

Catering on the Blvd

Telephone Number at premise to be licensed

1) Street Address of Proposed licensed premise

2602 Park Blvd

2) Mailing Address for receipt of

Liquor Control Commission mailings

Is this located inside the city limits

Circle YES / NO

1301 Lincoln Mall #1201

City County Zip Code

Lincoln Lancaster 68502

City County Zip Code

Lincoln Lancaster 68508

	Yes	No	Explanation/Comments
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).		✓	
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		✓	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	✓		Jackie Burns
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		✓	
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		✓	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		✓	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		✓	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.		✓	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.			Tier One Michael Burns
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.			Michael Burns, Burns's 94-2001 Omaha, NE
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.			Michael Burns, 50+ hrs
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.			Owned restaurant with bar, completed course in liquor management
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed).			Lease expires 5-31-2009
15. When do you intend to open for business?			April 1, 2004

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Michael B. Boim	2001	present	Lincoln, NE
	1991	2001	Omaha, NE

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NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

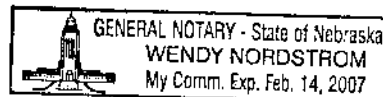
Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here Michael F Boim
sign here _____
sign here _____
sign here _____

sign here _____
sign here _____
sign here _____
sign here _____

Subscribed in my presence and sworn to before me this 18 day of February, 2004.

(SEAL)



sign here

Wendy Nordstrom
Notary Public Signature

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Must Be A Nebraska Resident

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Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

FEB 27 2004

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION <i>Burns's Inc.</i>		CLASS & LICENSE NUMBER	
TRADE NAME OF LICENSED PREMISE <i>Catering on the Blvd.</i>			
STREET ADDRESS OF LICENSED PREMISE <i>2602 Park Blvd.</i>	CITY <i>Lincoln</i>	COUNTY <i>Lancaster</i>	ZIP CODE <i>68502</i>

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

OK applicant is pres of corp.

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>Burns, Michael F</i>	SEX F <input checked="" type="radio"/> M	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH <i>Omaha</i>
HOME STREET ADDRESS <i>1301 Lincoln Mall #1201</i>	CITY <i>Lincoln</i>	COUNTY <i>Lancaster</i>	STATE <i>NE</i>	ZIP CODE <i>68508</i>
HOME TELEPHONE NUMBER <i>(402) 742-4865</i>	BUSINESS TELEPHONE NUMBER ()	DRIVERS LICENSE NUMBER & STATE		

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>Not Married</i>	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE
DATE OF BIRTH:	PLACE OF BIRTH	

1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law, or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ Yes ☒ No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES ☐ NO

Burns's Restaurant, 1994-2001 Omaha, NE

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Lincoln, NE	2001	Present			
Omaha, NE	1991	2001			

EMPLOYERS - LIST LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002	2004	Self Employed		

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA)
) SS
COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

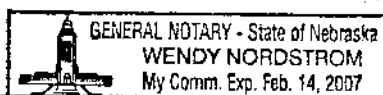
Michael F. Bunn
Signature of Applicant

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 18
day of February 2004

Subscribed in my presence and sworn to before me this _____
day of _____

Wendy Nordstrom
Notary Signature & Seal



Notary Signature & Seal

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation				Total Number of Shares (if corporation)	
Burnsy's, Inc.					
Corporate Street Address (1)		Mailing address for receipt of Liquor Control Commission Mailings		Corporate Telephone Number	
1301 Lincoln Mall, #1201		1301 Lincoln Mall, #1201		742-4865	
City	County	State	Zip Code		
Lincoln	Lancaster	NE	68502		
Name of Registered Agent		Name of Proposed Manager			
Robert F. Burns		Michael F. Burns			
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER					
Name	Title	Date of Birth	Social Security Number		
Michael F. Burns	President				
Home Address (1)		State			
1301 Lincoln Mall, #1201					
City	State	Zip Code	Home Telephone Number		
Lincoln	NE	68508	402-742-4865		

Corporation/LLC Application for License - Form 3

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES				
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	Number of Shares/ %
NAME Michael F. Burns			President	
Spouse Name				
NAME				
Spouse Name				
NAME				
Spouse Name				
NAME				
Spouse Name				
NAME				
Spouse Name				
NAME				
Spouse Name				

(If Necessary, Continue on Separate Sheet)

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

Is this Corporation/LLC controlled by another Corporation? ☐ YES ☒ NO

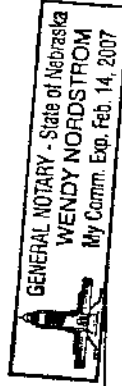
Name of Control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LLC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned

Please indicate below your corporate tax year with the IRS

Starting Date: April 1 Ending Date: March 31

STATE OF Nebraska)
)
)
) ss.)
)
Lancaster County)



Wendy Nordstrom
Notary Public Signature & Seal

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NEBRASKA LIQUOR
CONTROL COMMISSION

By Michael J Burn
PRESIDENT/MEMBER

Michael J Burn
SECRETARY/MEMBER

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format